

[illegible]

PATENT NUMBER

U.S. UTILITY PATENT APPLICATION

SCANNED

O.I.P.E.

PATENT DATE

Q.A

APPLICATION NO. 09/933710	CONT/PRIOR D E	CLASS 600	SUBCLASS 476	ART UNIT 3737	EXAMINER Shaw
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TITLE	APPLICANTS
1. Chief Executive Officer	1. Mr. [Name]
2. Director of Finance	2. Mr. [Name]
3. Director of Operations	3. Mr. [Name]
4. Director of Marketing	4. Mr. [Name]
5. Director of Human Resources	5. Mr. [Name]
6. Director of Information Technology	6. Mr. [Name]
7. Director of Legal Affairs	7. Mr. [Name]
8. Director of Public Relations	8. Mr. [Name]
9. Director of Environmental Affairs	9. Mr. [Name]
10. Director of Safety and Security	10. Mr. [Name]
11. Director of Quality Assurance	11. Mr. [Name]
12. Director of Compliance	12. Mr. [Name]
13. Director of Research and Development	13. Mr. [Name]
14. Director of Procurement	14. Mr. [Name]
15. Director of Logistics	15. Mr. [Name]
16. Director of Customer Service	16. Mr. [Name]
17. Director of Sales	17. Mr. [Name]
18. Director of Training and Development	18. Mr. [Name]
19. Director of Facilities Management	19. Mr. [Name]
20. Director of Sustainability	20. Mr. [Name]

Shigeaki Ono

Blood flow measuring apparatus

PTO-2040
12/89

PREPARED AND APPROVED FOR ISSUE.

ISSUING CLASSIFICATION

ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
INTERNATIONAL CLASSIFICATION												

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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			ISSUE FEE	
				Amount Due	Date Paid
<input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			ISSUE BATCH NUMBER	

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